

Fill in this information to identify your case:

Debtor 1	Susan Jeanette Palma		
	First Name	Middle Name	Last Name
Debtor 2	Donald Craig Palma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number	16-10471		
(if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 75,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 28,923.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 103,923.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 42,975.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 48,897.00
Your total liabilities	\$ 91,872.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I.....	\$ 5,861.67
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J.....	\$ 5,706.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471**

the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **9,112.50**

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

From Part 4 on *Schedule E/F*, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00

9g. Total. Add lines 9a through 9f.

\$ **0.00**

Fill in this information to identify your case and this filing:

Debtor 1	Susan Jeanette Palma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Donald Craig Palma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number 16-10471			

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

302 Ingelwood Drive

Street address, if available, or other description

Rochester NY 14619-0000

City State ZIP Code

Monroe

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$75,000.00	\$75,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Currently jointly owned by husband/co-debtor and his ex-wife. Per FDD each spouse entitled to 50% of the proceeds. Quitclaim deed prepared but never recorded.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$75,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No
☒ Yes

3.1 Make: **2010**
 Model: **Ford**
 Year: **Escape**
 Approximate mileage: **105,000**
 Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$8,900.00**\$8,900.00**

☐ Check if this is community property (see instructions)

3.2 Make: **2005**
 Model: **Jeep**
 Year: **Grand Cherokee**
 Approximate mileage: **143,000**
 Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$3,000.00**\$3,000.00**

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$11,900.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

Miscellaneous household goods and furnishings**\$3,000.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe.....

Three TVs, cell phones, DVD player, a desktop and two laptops**\$2,000.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes. Describe.....

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471****9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe.....

women's clothing

\$400.00

Men's clothing

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe.....

Wedding and engagement ring

\$1,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☐ No
☒ Yes. Describe.....

Dog

\$1.00

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,701.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes.....

Cash

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes.....

Institution name:

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if known) **16-10471**

17.1. checking	Bank of America checking account ending in 2118	\$100.00
17.2. savings	Bank of america savings acct ending in 3683	\$100.00
17.3.	Bank of AMerica account ending in 0419	\$100.00
17.4. checking	Bank of America checking account ending in 5726	\$1,000.00
17.5. savings	Bank of America savings account ending in 4031	\$1,000.00

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.**Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately.Type of account:
401KInstitution name:
401K

\$6,000.00

pension**GM Pension****Unknown****pension****Valeo North America****\$1.00****pension****50% share of marital portion of ex-wife's pension from Valeo****\$1.00****22. Security deposits and prepayments***Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471**☐ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☐ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☐ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☐ No☐ Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**

28. Tax refunds owed to you☐ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**2015 possible tax refunds****both****\$2,000.00****29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☐ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☐ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☐ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*☐ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☐ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☐ Yes. Describe each claim.....

Debtor 1 Susan Jeanette Palma
Debtor 2 Donald Craig Palma

Case number (if known) 16-10471

35. Any financial assets you did not already list

- ☒ No
- ☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$10,322.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
- ☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
- ☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$75,000.00
56. Part 2: Total vehicles, line 5	\$11,900.00	
57. Part 3: Total personal and household items, line 15	\$6,701.00	
58. Part 4: Total financial assets, line 36	\$10,322.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+	\$0.00
62. Total personal property. Add lines 56 through 61...	\$28,923.00	Copy personal property total \$28,923.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$103,923.00

Fill in this information to identify your case:

Debtor 1 **Susan Jeanette Palma**
 First Name Middle Name Last Name

Debtor 2 **Donald Craig Palma**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **16-10471**
 (if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Debtor 1 Exemptions			
women's clothing Line from <i>Schedule A/B</i> : 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
Wedding and engagement ring Line from <i>Schedule A/B</i> : 12.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Dog Line from <i>Schedule A/B</i> : 13.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)
checking: Bank of America checking account ending in 2118 Line from <i>Schedule A/B</i> : 17.1	\$100.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
savings: Bank of america savings acct ending in 3683 Line from <i>Schedule A/B</i> : 17.2	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471**

**Bank of AMERICA account ending in
0419**

\$100.00



\$100.00

Va. Code Ann. § 34-4

Line from Schedule A/B: **17.3**



100% of fair market value, up to
any applicable statutory limit

pension: GM Pension

Unknown



Va. Code Ann. § 34-34

Line from Schedule A/B: **21.2**



100% of fair market value, up to
any applicable statutory limit

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471****Debtor 2 Exemptions**

302 Ingelwood Drive Rochester, NY 14619 Monroe County Currently jointly owned by husband/co-debtor and his ex-wife. Per FDD each spouse entitled to 50% of the proceeds. Quitclaim deed prepared but never recorded. Line from Schedule A/B: 1.1	<u>\$75,000.00</u>	<input checked="" type="checkbox"/>	<u>\$1.00</u>	Va. Code Ann. § 34-4
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
Micelaneous household goods and furnishings Line from Schedule A/B: 6.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/>	<u>\$3,000.00</u>	Va. Code Ann. § 34-26(4a)
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
Three Tvs, cell phones, DVD player, a desktop and two laptops Line from Schedule A/B: 7.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/>	<u>\$2,000.00</u>	Va. Code Ann. § 34-26(4a)
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
Men's clothing Line from Schedule A/B: 11.2	<u>\$300.00</u>	<input checked="" type="checkbox"/>	<u>\$300.00</u>	Va. Code Ann. § 34-26(4)
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
checking: Bank of America checking account ending in 5726 Line from Schedule A/B: 17.4	<u>\$1,000.00</u>	<input checked="" type="checkbox"/>	<u>\$750.00</u>	Va. Code Ann. § 34-29
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
checking: Bank of America checking account ending in 5726 Line from Schedule A/B: 17.4	<u>\$1,000.00</u>	<input checked="" type="checkbox"/>	<u>\$250.00</u>	Va. Code Ann. § 34-4
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
savings: Bank of America savings account ending in 4031 Line from Schedule A/B: 17.5	<u>\$1,000.00</u>	<input checked="" type="checkbox"/>	<u>\$750.00</u>	Va. Code Ann. § 34-29
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
savings: Bank of America savings account ending in 4031 Line from Schedule A/B: 17.5	<u>\$1,000.00</u>	<input checked="" type="checkbox"/>	<u>\$250.00</u>	Va. Code Ann. § 34-4
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
401K: 401K Line from Schedule A/B: 21.1	<u>\$6,000.00</u>	<input checked="" type="checkbox"/>	<u>\$6,000.00</u>	Va. Code Ann. § 34-34
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
pension: Valeo North America Line from Schedule A/B: 21.3	<u>\$1.00</u>	<input checked="" type="checkbox"/>	<u>\$1.00</u>	Va. Code Ann. § 34-34
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
pension: 50% share of marital portion of ex-wife's pension from Valeo Line from Schedule A/B: 21.4	<u>\$1.00</u>	<input checked="" type="checkbox"/>	<u>\$1.00</u>	Va. Code Ann. § 34-34
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**

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both: 2015 possible tax refunds
Line from *Schedule A/B*: **28.1**

\$2,000.00



\$2,000.00

Va. Code Ann. § 34-4



100% of fair market value, up to
any applicable statutory limit

3. **Are you claiming a homestead exemption of more than \$155,675?**
(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **Susan Jeanette Palma**
 First Name Middle Name Last Name

Debtor 2 **Donald Craig Palma**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **16-10471**
 (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Citizens Bank

Creditor's Name

Attn: Bankruptcy
 443 Jefferson Blvd Ms
 Rjw-135
 Warwick, RI 02886

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

302 Ingelwood Drive Rochester, NY
 14619 Monroe County
 Currently jointly owned by
 husband/co-debtor and his ex-wife.
 Per FDD each spouse entitled to
 50% of the proceeds. Quitclaim
 deed prepared but never recorded.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)

HELOC

Column A

Amount of claim
Do not deduct the
value of collateral.

\$8,496.00

Column B

Value of collateral
that supports this
claim

\$75,000.00

Column C

Unsecured
portion
if any

\$0.00

Who owes the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a
community debt

Opened

3/01/06

Last Active

10/08/15

Date debt was incurred

Last 4 digits of account number 9174

2.2 Citizens One Mortgage

Creditor's Name

10561 Telegraph Rd
 Glen Allen, VA 23059

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

302 Ingelwood Drive Rochester, NY
 14619 Monroe County
 Currently jointly owned by
 husband/co-debtor and his ex-wife.
 Per FDD each spouse entitled to
 50% of the proceeds. Quitclaim
 deed prepared but never recorded.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated

\$17,756.00

\$75,000.00

\$0.00

Debtor 1 **Susan Jeanette Palma**Case number (if know) **16-10471**

First Name Middle Name Last Name

Debtor 2 **Donald Craig Palma**

First Name Middle Name Last Name

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)MortgageOpened
2/01/04

Last Active

Date debt was incurred **12/14/15**Last 4 digits of account number **2260****2.3 Credit Acceptance**

Creditor's Name

**25505 West 12 Mile Rd
Suite 3000
Southfield, MI 48034**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$8,051.00**\$3,000.00****\$0.00****Grand Cherokee 2005 Jeep 143,000 miles**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)Purchase
Money
SecurityOpened
11/01/13

Last Active

Date debt was incurred **12/22/15**Last 4 digits of account number **2306****2.4 Suntrust Bank**

Creditor's Name

**Attn:Bankruptcy Dept
1001 Semmes Ave
Va-Wmrk-7952
Richmond, VA 23224**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$8,672.00**\$8,900.00****\$0.00****Escape 2010 Ford 105,000 miles**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)Purchase
Money
SecurityOpened
9/01/09

Last Active

Date debt was incurred **1/11/16**Last 4 digits of account number **7536**

Debtor 1 **Susan Jeanette Palma** Case number (if know) **16-10471**
First Name Middle Name Last Name
Debtor 2 **Donald Craig Palma**
First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$42,975.00
\$42,975.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name Address

-NONE-

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Susan Jeanette Palma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Donald Craig Palma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number (if known)	16-10471		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Advertising Publications	Last 4 digits of account number	Total claim \$ 543.00
	Nonpriority Creditor's Name 378 Allison Ave SW Roanoke, VA 24016 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify services	

4.2	AFNI	Last 4 digits of account number	Total claim \$ 126.00
	Nonpriority Creditor's Name POB 3427 Bloomington, IL 61702 Number Street City State Zip Code	When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyVerizon

4.3

AMCB

Nonpriority Creditor's Name

POB 37005**Baltimore, MD 21297**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **1,112.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyFairfax MRI

4.4

American Anesthesiology of VA

Nonpriority Creditor's Name

PO Box 88087**Chicago, IL 60680**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **362.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical

4.5

American Collections Ent

Nonpriority Creditor's Name

Po Box 30096**Alexandria, VA 22310**

Number Street City State Zip Code

Last 4 digits of account number

0728\$ **316.00**

When was the debt incurred?

Opened 3/01/10

As of the date you file, the claim is: Check all that apply

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyVirginia Medical Alliance Pc

4.6

American Collections Enterpris

Nonpriority Creditor's Name

POB 30096**Alexandria, VA 22310**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **316.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyVirginia Medical Alliance

4.7

ARM

Nonpriority Creditor's Name

POB 129**Thorofare, NJ 08086**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **747.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyBay state medical

4.8

Bureaus Investment Grp

Nonpriority Creditor's Name

1717 Central St**Evanston, IL 60201**

Last 4 digits of account number

5851\$ **1,722.00**

When was the debt incurred?

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. SpecifyCredit Card

4.9

Cardiology Ass

Last 4 digits of account number

\$ **35.00**

Nonpriority Creditor's Name

**9530 Costner Drive suite 200
Fredericksburg, VA 22408**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specifymedical

4.10

Cash Net USA

Last 4 digits of account number

8154\$ **2,611.00**

Nonpriority Creditor's Name

**175 West Jackson
Suite 1000
Chicago, IL 60604**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. SpecifyPay Day Loan

4.11

CBCS

Last 4 digits of account number

\$ **794.00**

Nonpriority Creditor's Name

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471****POB 2589**
Columbus, OH 43216

Number Street City State Zip Code

Who Incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyDominion VA power

4.12

Credit One Bank Na

Nonpriority Creditor's Name

Po Box 98873**Las Vegas, NV 89193**

Number Street City State Zip Code

Who Incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8085**\$ **797.00**

When was the debt incurred?

**Opened 1/01/15 Last
Active 1/10/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyCredit Card

4.13

Discover Financial

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 3025****New Albany, OH 43054**

Number Street City State Zip Code

Who Incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8550**\$ **4,339.00**

When was the debt incurred?

**Opened 5/01/09 Last
Active 12/13/09**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyCredit Card

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

4.14	Fingerhut Nonpriority Creditor's Name 6250 Ridgewood Rd St Cloud, MN 56303 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5713 When was the debt incurred? Opened 12/01/10 Last Active 1/04/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$ 1,292.00
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4.15	First Premier Bank Nonpriority Creditor's Name PO Box 5529 Sioux SD Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9652 When was the debt incurred? Opened 10/01/14 Last Active 1/11/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$ 269.00
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4.16	Fredericksburg Credit Bureau Nonpriority Creditor's Name 10506 Wakeman Drive Fredericksburg, VA 22407 Number Street City State Zip Code	Last 4 digits of account number 8740 When was the debt incurred? As of the date you file, the claim is: Check all that apply	\$ 83.00
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Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical

4.17 **Gastroentrology Ass** Last 4 digits of account number **8740** \$ **597.00**
 Nonpriority Creditor's Name
1031 Care Way
Fredericksburg, VA 22401
 Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical

4.18 **GE Capital** Last 4 digits of account number \$ **1,287.00**
 Nonpriority Creditor's Name
POB 4571
Carol Stream, IL 60197
 Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifySam's Club

4.19 **Mary Washington Health** Last 4 digits of account number \$ **1,242.00**
 Nonpriority Creditor's Name
2300 Fall Hill Ave suite 101
Fredericksburg, VA 22401
 Number Street City State Zip Code

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical**4.20** **Mary Washington Hospital** Last 4 digits of account number \$ **2,510.00**

Nonpriority Creditor's Name

2300 Fall Hill Ave**suite 314****Fredericksburg, VA 22401**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical**4.21** **Medical Imaging of Fred** Last 4 digits of account number \$ **732.00**

Nonpriority Creditor's Name

2300 Fall Hill ave suite 314**Fredericksburg, VA 22401**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical**4.22** **Midland Funding** Last 4 digits of account number **9792** \$ **10,570.00**

Nonpriority Creditor's Name

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471****2365 Northside Dr**
Suite 300
San Diego, CA 92108

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

Opened 11/01/13

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Ge Money Bank**

4.23

National Recovery Service

Nonpriority Creditor's Name

POB 8005**Cleveland, TN 37320**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **45.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Sheridan Anesthesia**

4.24

Natiowide Recovery Service

Nonpriority Creditor's Name

545 West Inman St**Cleveland, TN 37311**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

4045\$ **44.00**

When was the debt incurred?

Opened 3/01/14

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Sheridan Anesthesia Svcs Of Va**

Debtor 1 **Susan Jeanette Palma**Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

4.25	Natiowide Recovery Service Nonpriority Creditor's Name 545 West Inman St Cleveland, TN 37311 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4957 \$ 44.00 When was the debt incurred? Opened 8/01/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Sheridan Anesthesia Svcs Of Va
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4.26	NCC Nonpriority Creditor's Name POB 9156 Alexandria, VA 22304 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$ 244.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potomac Hospital
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4.27	Nemo's Coll Nonpriority Creditor's Name 14631 N Cave Creek Phoenix, AZ 85022 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2148 \$ 187.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Med1 02 Nextcare Va
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Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

4.28	ODC REcovery Nonpriority Creditor's Name 12000 Kennedy lane suite suite 100 Fredericksburg, VA 22407 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Imaging of Freder</u>	\$ <u>34.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.29	Onemain Financial Nonpriority Creditor's Name 6801 Colwell Blvd Ntsb-2320 Irving, TX 75039 Number Street City State Zip Code	Last 4 digits of account number <u>6265</u> When was the debt incurred? <u>Opened 7/01/09 Last Active 4/22/11</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$ <u>8,712.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.30	Pinnacle Credit Services Nonpriority Creditor's Name Po Box 640 Hopkins, MN 55343 Number Street City State Zip Code	Last 4 digits of account number <u>3549</u> When was the debt incurred? <u>Opened 12/01/13</u> As of the date you file, the claim is: Check all that apply	\$ <u>290.00</u>
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Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

Who Incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyVerizon Wireless

4.31

Portfolio Recovery Associates L

Nonpriority Creditor's Name

C/o Deanna Hackwaorth, Esq.
140 Coporate Blvd.
Norfolk, VA 23502

Number Street City State Zip Code

Who Incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **573.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specifycapital one

4.32

RA Rogers Inc

Nonpriority Creditor's Name

PO box 3302
Crofton, MD 21114

Number Street City State Zip Code

Who Incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check If this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **224.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyBelvoir FCU

4.33

Sheridan Anesthesia Svcs of VA

Nonpriority Creditor's Name

PO Box 452498
Fort Lauderdale, FL 33345

Last 4 digits of account number

\$ **44.00**

When was the debt incurred?

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if known) **16-10471**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent☒ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Medical4.34 **Stafford Hospital** Last 4 digits of account number \$ **1,479.00**

Nonpriority Creditor's Name

2300 Fall Hill Ve**suite 314****Fredericksburg, VA 22401**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Contingent☐ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify meidcal4.35 **Suburban Credit** Last 4 digits of account number \$ **126.00**

Nonpriority Creditor's Name

POB 30640**Alexandria, VA 22310**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Contingent☐ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Potoma hospital4.36 **Synchrony Bank/Gap** Last 4 digits of account number **9704** \$ **0.00**

Nonpriority Creditor's Name

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471****Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**Opened 6/01/07 Last
Active 8/22/09**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

4.37

The Bureaus Inc.

Nonpriority Creditor's Name

650 Dundee Rd**Ste 370****Northbrook, IL 60062**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

5783

\$

1,716.00

When was the debt incurred?

Opened 9/01/10

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Hsbc Card Services Inc.**

4.38

The Imagine center for women

Nonpriority Creditor's Name

2300 Fall hill avenue suite 31**Fredericksburg, VA 22401**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$

333.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**medical**

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**

Case number (if know) **16-10471**

4.39	United Consumers Nonpriority Creditor's Name 14205 Telegraph Rd Woodbridge, VA 22192 Number Street City State Zip Code	Last 4 digits of account number 1208	\$	179.00
		When was the debt incurred? Opened 2/01/15		
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Endoscopy Associates		

4.40	United Consumers Nonpriority Creditor's Name 14205 Telegraph Rd Woodbridge, VA 22192 Number Street City State Zip Code	Last 4 digits of account number 1298	\$	355.00
		When was the debt incurred? Opened 2/01/15		
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Associates Of Gastroenterology		

4.41	Vengroff Williams Nonpriority Creditor's Name POB 4155 Sarasota, FL 34230 Number Street City State Zip Code	Last 4 digits of account number	\$	35.00
		When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Bostwick Lab		

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471**

4.42

Virginia Cardiovascular

Nonpriority Creditor's Name

PO Box 10190**Virginia Beach, VA 23450**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2037**\$ **1,475.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical**

4.43

Virginia Medical Alliance

Nonpriority Creditor's Name

5510 Alma Lane**Springfield, VA 22151**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0728**\$ **316.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical**

4.44

Virginia Pulmonary Associates

Nonpriority Creditor's Name

313 Park Avenue**#202****Falls Church, VA 22046-3303**

Number Street City State Zip Code

Last 4 digits of account number

\$ **40.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**

Case number (if know) **16-10471**

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify medical

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
American Collections Enterpris
POB 30096
Alexandria, VA 22310

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.43 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Frederick Credit Bureau
10506 Wakeman Drive
Fredericksburg, VA 22407

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.17 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8740**

Name and Address
James T Jordan, Esq
201 S College Ave
Salem, VA 24153

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.1 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medical Imaging
POB 7606
Fredericksburg, VA 22404

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Recovery Svc
PO Box 8005
Cleveland, TN 37320

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.33 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Tate & Kirlin Associates
2810 Southampton Road
Philadelphia, PA 19154

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.37 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Tate & Kirlin Associates
2810 Southampton Road
Philadelphia, PA 19154

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.8 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5851**

Name and Address

On which entry in Part 1 or Part2 did you list the original creditor?

Debtor 1 **Susan Jeanette Palma**
Debtor 2 **Donald Craig Palma**Case number (if know) **16-10471****Walter Sheffield, Esq**
PO Box 7906
Fredericksburg, VA 22404Line **4.42** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **2037****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

	6a. Domestic support obligations	6a.	\$	<u>0.00</u>
Total claims from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	<u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	\$	<u>0.00</u>
				Total Claim
	6f. Student loans	6f.	\$	<u>0.00</u>
Total claims from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	<u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	<u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	<u>48,897.00</u>
	6j. Total. Add lines 6f through 6i.	6j.	\$	<u>48,897.00</u>

Fill in this information to identify your case:

Debtor 1	Susan Jeanette Palma		
	First Name	Middle Name	Last Name
Debtor 2	Donald Craig Palma		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number	16-10471		
(if known)			

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 **John Pattie**
583 Marlborough Point road
Spotsylvania, VA 22551

residential lease

Fill in this information to identify your case:

Debtor 1	Susan Jeanette Palma		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Donald Craig Palma		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number (if known)	16-10471		

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 **Lucy Palma**
302 Ingelwood Drive
Rochester, NY 14619
Morggage on NY house

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G _____

Fill in this information to identify your case:

Debtor 1 Susan Jeanette PalmaDebtor 2 Donald Craig Palma
(Spouse, if filing)United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIACase number 16-10471
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

EngineerMC Dean4800 mark center driver
Alexandria, VA 223142 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>6,283.33</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>6,283.33</u>

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 6,283.33
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 1,408.33
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 390.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 1,096.33
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 2,894.66
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,388.67
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 1,111.00
8h. Other monthly income. Specify: JP Morgan Pension	8h. + \$ 0.00	+ \$ 1,362.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 2,473.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0.00 + \$ 5,861.67	= \$ 5,861.67
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. + \$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	5,861.67
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Susan Jeanette Palma
 Debtor 2 Donald Craig Palma
 (Spouse, if filing)
 United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA
 Case number 16-10471
 (If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

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☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Susan Jeanette Palma**
 Debtor 2 **Donald Craig Palma**

Case number (if known) **16-10471**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>400.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,000.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>150.00</u>
10. Personal care products and services	10. \$ <u>150.00</u>
11. Medical and dental expenses	11. \$ <u>300.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>150.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>120.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>460.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>376.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Dog</u>	21. +\$ <u>100.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>5,706.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>5,706.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>5,861.67</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>5,706.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>155.67</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 Susan Jeanette Palma
First Name Middle Name Last Name

Debtor 2 Donald Craig Palma
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 16-10471
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Susan Jeanette Palma

Susan Jeanette Palma
Signature of Debtor 1

Date March 2, 2016

X /s/ Donald Craig Palma

Donald Craig Palma
Signature of Debtor 2

Date March 2, 2016